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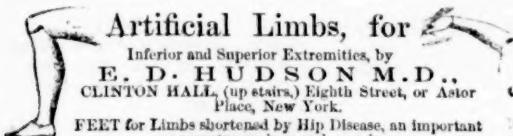
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LECTURES ON GUNSHOT INJURIES OF THE CHEST.

BY FRANK H. HAMILTON, M.D.,

PROF. OF MILITARY SURGERY AND FRACTURES AT BELLEVUE HOSP. MED. COLLEGE, AND LONG ISLAND COLLEGE HOSPITAL; SURGEON TO BELLEVUE HOSPITAL; LATE MEDICAL INSPECTOR, U.S.A.

LECTURE V.—PART II.

CASE XII.—*A post-mortem examination of a soldier who was shot with a large-sized pistol ball through both sides of the chest and heart.*—Edward Barrett, a private in the 32d New York Infantry, was shot by a sentinel on the 30th of January, 1862, through both sides of his chest and through the heart, death occurring in a few seconds. The missile was a musket ball. Assisted by Surgeons Little, Brown, Totten, and others, I made an autopsy on the same day.

The ball had entered on the left side of his chest, about four inches below the inferior angle of the scapula, striking and breaking the lower margin of the eighth rib, and carrying some small fragments into the track of the wound. The wound of entrance was rather smaller than an ordinary musket-ball, oval, its edges slightly inverted and surrounded with a reddened areola, caused by the integument being slightly abraded or deprived of its cuticle by the pressure of the ball before it penetrated the tissues. From this point the track of the ball passed through the free margin of the upper lobe of the left lung, making a contused, but not lacerated, cylindrical channel, which channel was surrounded, through its whole length, by an ecchymosis of about one inch in diameter. The ball then penetrated both ventricles and the right auricle, and through the upper lobe of the right lung, escaping in the right axilla. The track through the right lung presented the same appearance as that through the left; and the wound of exit was larger by one-half than the wound of entrance, somewhat oval also, the edges not everted, but looking discolored, as if they were blackened by powder. This discoloration was found to be due to a slight extravasation of blood into the tissues under the skin.

The heart was firmly contracted, and contained no blood in any of its cavities; but the pericardium contained about eight ounces, and the two pleural cavities much more. The lungs were completely collapsed. The wounds in the several cavities of the heart were not in any instance more than three lines in diameter, and appeared like slits, as if made by a pointed instrument; but there was no laceration of the structure of the heart, such as we found in the case of Johnson, the deserter, whose heart was penetrated by conical balls. The contraction of this organ will explain, also, in a great measure, the small size of the wounds.

After this man was shot, he uttered one exclamation, and fell apparently dead.

CASE XIII.—*Round ball penetrating the chest, and not removed—Fragments of a broken rib probably carried in—Empyema—Result probably fatal.*—Malachiah Holmes, colored servant, was wounded at Bull Run, July 21, 1861, by a round ball, which entered his back, breaking his seventh rib and penetrating his chest. He spat blood immediately. Fourteen days later I found him with the wound open, and discharging a coffee-colored and highly offensive serum. On the twenty-fourth day he was sent to his family, in a very feeble condition, with but little prospect of recovery. The ball was never found.

CASE XIV.—*Pistol ball remaining in cavity of chest—Empyema.*—William Patterson, 84th New York Cavalry, wounded Oct. 11, 1863, at Brandy Station, Va., by a pistol shot. The ball entered on the right side, near the sternum,

between the third and fourth ribs, and has never been found. He spat a little blood the following day, and this continued moderately for seven or eight days. Air escaped from the wound, also, and some blood. The shock of the injury caused him to faint and to fall from his horse soon after the wound was received.

Five months after the injury, I found the wound still open and discharging. The right side of his chest was a little contracted and the lung completely collapsed. He had a troublesome cough, with copious expectoration of pus. He was pale and feeble; but all his symptoms became aggravated when the external wound was closed for a few days. He complained particularly of pain in the back, near the upper margin of the eleventh rib; and this circumstance, together with the fact that dulness on percussion extended over all the lower half of this side of the chest, led me to suspect that the ball lay in the posterior inferior angle of the pleural cavity, near the spot indicated by the pain.

PUNCTURED AND INCISED WOUNDS OF THE CHEST.

There are certain points of difference between gunshot, punctured, and incised wounds of the chest, which are of sufficient importance to demand a special consideration.

Punctured and incised wounds are made by weapons which are pointed, or which have cutting edges—such as bayonets, swords, dirks, pocket-knives, etc., by which the tissues are penetrated and separated with the least possible amount of contusion or laceration.

The lips of these wounds are not in general widely separated.

They are seldom accompanied with broken ribs. The internal tissues are neither contused nor lacerated.

Only in very few examples are foreign bodies left in the track of the wound.

It follows that punctured and incised wounds often close in their whole extent without suppuration. And in order to insure this result, we do not hesitate now to close the external wounds at once and hermetically; instructing the patient, moreover, to lie as much as possible upon the wounded side, in order to favor adhesion of the pleura-costalis to the pleura-pulmonalis.

It is to these cases especially that the practice recommended by Surgeon Howard, of closing the wound hermetically, by the aid of sutures and collodion, etc., is evidently applicable. If the wound is closed simply by adhesive plaster, the constant motion of the chest is apt to make it open again, and thus to defeat the object we have in view.

If, notwithstanding all our care, inflammation of the pleura takes place, and serum, with lymph or pus, become effused into the cavity of the chest, an opening should be made early with a trocar and canula, to which a pump, furnished with a valve, may be attached, after the plan suggested and practised by Dr. Bowditch, of Boston, Mass.; and if, having made this exploratory operation, the cavity is found to contain only serum and lymph, the wound should, as soon as the fluid is evacuated, be again closed hermetically; the same operation to be repeated at some other point, from time to time, as it may become necessary. If, however, the fluid contained in the cavity is found to be pus, then I think that a free opening ought at once to be made with the knife, and in the most depending point, so that the matter may be allowed to escape without obstruction, and without any reference whatever to the admission of air. I will suggest, also, as the most certain method of securing an outlet at the most depending point, that a strong and long probe, attached to a firm handle, should be bent and carried to the bottom of the pleural cavity, and then pressed outwards between the ribs, to serve as a guide to the incision. A long, flexible, metallic catheter might serve the same purpose as a probe, or in some cases even a solid steel instrument, such as a sound. Something like this method has already been suggested and practised by other surgeons.

EXAMPLES OF PUNCTURED WOUNDS OF THE CHEST.

CASE I.—*Superficial punctured wound of the chest.*—Owen McGuire, of Brooklyn, was received into the Long Island College Hospital, while I was surgeon-in-chief there, having been wounded with a bowie-knife in the right side of the chest. He had received two wounds, both of which were superficial, the knife having struck upon the ribs and glanced, so that, although the wounds were four or five inches in depth, they did not penetrate the cavity of the chest. He was a good deal alarmed at first, and experienced some embarrassment in respiration, in consequence of the injury inflicted upon the muscles of respiration. The wounds were carefully closed by adhesive plaster, but union by adhesion did not occur, owing, probably, to the constant motion of the ribs in respiration. His recovery, however, was rapid and complete.

The following example of superficial punctured wound is remarkable for being accompanied with excessive dyspnoea, without the presence of air or effusion of any kind into the pleural cavity.

CASE II.—A woman was stabbed in a broil, on the 5th of June, 1853. The wounds were inflicted by a single blade of a pair of long bank-note shears. She received two wounds in her left arm while warding off the blows, and one upon the side of the thorax, this latter wound commencing near the inferior angle of the scapula, and terminating about five inches from its point of entrance.

I saw the patient within one hour after the receipt of the injury, and upon examination with a long probe found that the weapon had not entered the cavity of the chest. She was pale, alarmed, and her breathing was a good deal embarrassed. I applied a bandage to the chest, and left her. In about five hours I was called to see her again, and found the dyspnoea greatly increased; indeed it seemed to threaten absolute suffocation. At the same time I noticed also a slight trismus. I bled the woman from the arm, and then gave her opium. In the morning her breathing was somewhat relieved, but moderate trismus still continued. From this day her symptoms steadily improved, and by the seventh day the wounds had closed by first intention, and she declared to me that she could breathe as well as ever. I saw her often during the following year, and she never experienced any further trouble from the wounds.

The trismus and consequent dyspnoea were due in a great measure, probably, to an injury of the median nerve in the left arm; but the dyspnoea was no doubt in part also due to the direct injury inflicted upon the muscles of the chest by the weapon.

In the following case the weapon probably only entered the pleural cavity. If the lung was wounded at all, it could have been only slightly. The orifice was not closed; the wound discharged serum for some time, but recovery took place without the formation of pus.

CASE III.—On the 7th of Sept., 1852, Kennada, a watchman, was stabbed with a dirk-knife between the ninth and tenth ribs, on the left side of the thorax. Experiencing at first very little inconvenience from the wound, he did not apply for surgical aid until the third day after. I then found that the wound had not been dressed. No blood had ever been expectorated. Serum was discharging pretty freely from the open orifice. The probe entered the pleural cavity. He had now some pain in this side, and complained of a troublesome cough; his breathing was a little embarrassed. On percussion I found dulness over the depending portions of the pleural cavity, which was probably due to an effusion of serum. I permitted the wound to remain open, and directed him to be confined to a rigid diet and absolute rest. Three months later I found the wound healed, and no signs of thoracic lesions remaining. No pus had ever been formed in the pleural cavity.

In the following case the wound was left open also, and both serum and pus were formed in the pleural cavity:—

CASE IV.—Joseph Cook was stabbed with a butcher's knife Sept. 2, 1853. The knife entered about four inches

from the spine, on the right side, between the ninth and tenth ribs. The surgeon who saw it first very improperly probed the wound freely, his probe entering three inches and a half. There was considerable external haemorrhage, and a severe pain over the right side for six or eight hours. He did not expectorate blood. It is probable that the knife penetrated the lung, but this is not certain. No means were taken to close the wound, which constituted the second error in the treatment of the case. On the following morning he began to cough, and in a few days the discharge of serum commenced, followed soon by pus. At the end of four weeks the wound had closed spontaneously. In about four weeks more the matter pointed near the old cicatrix, and was again discharged. About three months after the receipt of the injury I found the wound closed, it having remained open this last time only three or four days. No respiratory murmur could be heard over the lower portion of the right side; there was dulness on percussion, and the right hypochondriac region was prominent. No doubt the pleural cavity still contained pus. I advised that the wound should be opened again, but the patient declined to have it done. I have never heard from him since.

In the next case which I shall relate, the weapon penetrated the lung, and air was doubtless admitted into the cavity of the pleura, but, being immediately closed, no suppuration followed, and a complete recovery took place.

CASE V.—A young man was stabbed by a butcher's knife in the right side of his chest, the weapon entering a little below the nipple. He immediately spat blood freely, and there was considerable haemorrhage from the external wound. I saw this man within an hour after the receipt of the injury, and found him breathing with great difficulty. I closed the wound with adhesive plaster, and, as he was in full health, I bled him freely from the arm. A bandage was placed about his chest, and he was instructed to lie upon the wounded side. This instruction, however, he found it difficult to obey, since he was only able to breathe with tolerable comfort when he was sitting up. Opiates were administered from time to time for several days, and the bleeding was once repeated. A severe cough with the usual signs of pleuro-pneumonia followed, but from these he gradually recovered, without there having been any considerable effusion of fluid of any kind into the pleural cavity. The wound closed by adhesion, and remained closed. His convalescence was rapid and complete.

This case occurred in the first year of my practice, and as the man who had received the injury was a notorious villain, there was a very general desire openly expressed on the part of many citizens, that his wounds should prove fatal; and the nature of the injury seemed to encourage a reasonable hope that such a result would ensue. So far, therefore, from receiving credit for my success in this case, I was not a little chagrined and disappointed to find that my popularity was seriously impaired by the fact that I had lent my art and services to so bad a purpose.

PROFESSOR CASPER, of Berlin, the celebrated medical jurist, died on the 24th of February.

BROMIDE OF POTASSIUM is successfully used in the Metropolitan Free Hospital, London, in the treatment of certain forms of infantile convulsions. The pathological condition common to these cases is hyperesthesia of the nerve centres, coupled with anæmia and complete absence of all symptoms of inflammation. The principal symptoms are an aspect of timidity and anxiety, talking in sleep, dreaming; countenance wan; tongue clean; pulse weak and irregular; fontanelle, if existing, always depressed; appetite good, often ravenous; bowels sluggish. These cases will not bear depletion. Opium, if judiciously administered, is often of service. The Bromide is given in doses of two or three grains, repeated every four or six hours. Its effect is generally rapid, one or two doses arresting the tendency to convulsion.

Original Communications.

DIFFICULT OBSTETRICAL CASES.

By GEO. T. ELLIOT, JUN. M.D.,

PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE; OBSTETRIC PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN HOSPITAL.

(Continued from page 184, Vol. VI.)

CASE CIV.—*Powerless Labor, with Rigidity—Ergot—Forces—Mother and Child did well.*

DR. M. sent for me on the 15th of Nov., 1862, to Mrs. O., a primipara, aged 30. The labor had then lasted sixty hours, and was ushered in by rupture of the membranes and escape of the liquor amnii. The causes of delay were the unsatisfactory character of the pains and the rigidity of the soft parts. Ergot had latterly improved the character of the pains and advanced the head, but the patient was tired, and implored relief. Vaginal examination disclosed a left occipito-anterior presentation of the head, with the movement of descent completed. Vagina cool and moist; vulva much swelled. The coccyx was quite unyielding, though not ankylosed, nor yet pressed upon; perineum rigid and tense. Neither Dr. M. nor I could satisfy ourselves that we heard the fetal heart. Under these circumstances it was decided to apply forceps, in the belief that thereby the child, if then alive, would be saved, and that many hours of useless suffering would be spared the mother. As soon, therefore, as Dr. M. had thoroughly and promptly brought the mother under the influence of chloroform, I delivered her without lacerating the perineum. The child was a large-sized boy, and required alternate hot and cold bathing, etc., to revive him. Both did well.

CASE CV.—*Placenta Prævia—BARNES'S DILATORS—Forces.*—Drs. Pulling and Wilson sent for me on the 20th of March, 1863, to see Mrs. S., a multipara, near the full term of her ninth pregnancy. One week previously she had consulted Dr. P. for uterine haemorrhage, which was controlled by opium and ergot. It returned, however, on the 18th, and had continued moderately until the morning of the 20th, when she had fainted to syncope, and Dr. P. had been obliged to tampon the vagina. When I saw her she had been rallied by stimulants, and the flow was checked. She was pale, anaemic, nauseated, and of a highly nervous organization, but very weak withal, and much exhausted from the loss of blood. On removing the tampon a handful or more of clots were turned out from the vagina, and the flow continued. Vaginal examination enabled me to reach the head through the unruptured membranes, and to feel the edge of the placenta with perfect distinctness. It was detached, and was felt over the segment of the cervix, in front of the left sacro-iliac synchondrosis. The os uteri was so dilated that its diameter would measure less than one and a half inches, and *entirely undilatable*, a fact which we all appreciated. Dr. P. recognised the foetal heart on the right side of the uterus. There were no uterine contractions. It was thus evident that we had to deal with serious difficulties. The alternatives were: 1st. Rupture of membranes in hope that, with the induction of uterine contractions, the head might act as a tampon, and meanwhile re-tampon the vagina. 2d. To detach the placenta and be guided by the effect on the flow. 3d. To introduce a sponge-tent within the cervix, with or without previous rupture of membranes, and then tampon the vagina. 4th, To introduce Barnes's dilators, and deliver so soon as the cervix was sufficiently dilatable.

The first plan was too uncertain in the dangerous condition of our patient; the second was contra-indicated by the state of the foetal heart; the third was a measure on which I had relied with safety before Barnes's plan had been introduced; but now it seemed to us all that the dilators should be tried. Accordingly I introduced the medium-sized one

of the three which had recently been sent me from Weiss's, in London. Its introduction was unattended with difficulty, and it was carried between the head and the anterior-uterine wall, detaching the membranes to some extent, in all probability. The syringe attached was affixed before the introduction, and the dilator distended by cool water. In two hours we all met again; meanwhile Dr. P. had once changed the water. The dilator had not been displaced by her straining efforts in vomiting, nor by her alterations of position. The hemorrhage had been controlled. The os uteri was now dilated to such an extent that version was possible. The fetal head had not been displaced. On removing the instrument clots followed, which we estimated to amount in quantity to the volume of two or perhaps three distended leeches. Uterine contractions had now set in. While we were deliberating on the next step to pursue, the haemorrhage re-commenced. The alternatives were now: 1st. To introduce the largest-sized dilator, and fully expand the cervix. 2d. To deliver now by version. 3d. By forceps. Careful examination showed that, while the cervix was not fully dilated nor fully dilatable, it would yet admit the hand, and Drs. P. and W. inclined to version. On listening now for the foetal heart it was found to be inaudible, and hence the necessity for prompt interference became imperative, in the hope that it might yet be faintly beating. The patient was somewhat under the influence of the stimulants we had given her, and this was the only anaesthetic she took, as she was so weak from loss of blood. *Introducing my hand (except the thumb) within the cervix, while the head was steadied at the pelvic brim by Dr. Pulling*, I resolved to deliver with the forceps, and having introduced the blades *within* the cervix, and locked them with some difficulty, so as to seize the head in the diameter from the left brow to the right mastoid process, I drew the child into the world. The cervix was so undilatable that it seemed to me likely that it might have to be incised, *as it came down before the head instead of dilating*; but by pressing upwards the anterior lip strongly, while I drew, it gradually allowed the head to pass. The child weighed 6½ lbs., and was still-born, not the slightest pulsation of the cord or heart occurring. The placenta weighed a little over a pound, and its maternal surface was remarkably pale, having a boiled look. The portion that we had touched was very recognisable. Microscopic examination showed it to be healthy.

On reviewing the case it seems to me one to which the advantages of Barnes's dilators were specially adapted, and their use warranted the expectations which I had formed of them. They combine singularly well the desirable requisites—viz. facility of introduction, facility of retention, hydrostatic pressure, application of cold, compatibility with frequent vaginal examinations, comparative safety against internal uterine haemorrhage. They seem to me liable to invite one risk which did not happen here, viz. that of change of presenting part through the agency of foetal reflex irritation; and this, which is the only disadvantage which I can conjure up against them, is of course utterly insignificant when weighed against the complications of placenta prævia with haemorrhage of an alarming character, in a case where the os is entirely undilatable and the child alive and viable.

The rapidity with which the dilatation was effected (two hours) was also an advantage of no small moment, and we were all delighted with the easy, equable, and prompt manner in which the undilatable os was forced to yield. In my experience, when a multiparous os uteri is as undilatable as this was, after such great loss of blood, it is extremely apt to prove rebellious to treatment; and it must not be forgotten that in this very case it retained its undilatable character to the last, and yielded reluctantly to the traction of the head by the forceps. The perineum and other soft parts interposed no obstacle whatever.

In using the words "Barnes's dilators," I do so advisedly, and without ignoring the claims of Dr. Arnot, Dr. Keiller of Edinburgh, Dr. Storer, or M. St. Tarnier to pri-

ority in the introduction of the principle involved. I received one of Dr. K.'s instruments from Edinburgh some years ago, but the very advantageous modifications by Dr. Barnes, so important for the successful use of the remedy, and the powerful influence which his advocacy of the method has lent to its adoption, alike entitle his name to be associated with the valuable instrument which I employed on this occasion.

During the month of May I saw Mrs. S., in consultation with Dr. Wilson, on account of her anæmic and exhausted condition, for which we united in recommending iron, tonics, and a change of air. The uterus was well involuted and normal, and condition in all other respects satisfactory. She subsequently did well. I have caused these dilators to be made by Wade and Ford.

CASE CVI.—Puerperal Eclampsia—Albuminuria—Uterine Douche—Forceps.

On the 25th of March, 1862, I was sent for in consultation with Drs. M. C. and B., to see Mrs. M., a multipara, about forty years of age, near her full term, with puerperal eclampsia, associated with albuminuria. She was very feeble, unconscious, and without any of that physiognomy often found in cases of convulsions dependent upon uremia. She had been many times convulsed without regaining consciousness in the intervals, nor indeed did it ever return. The cervix uteri had been undilatable and the pains ineffectual. The warm uterine douche had been used by Dr. M. with the effect of procuring a certain amount of dilatation which would yet, however, scarcely authorize an attempt at version. The foetal heart was beating, and the head presenting and felt to be entirely within the cervix. Her condition demanded prompt measures of relief, and, in the judgment of all the consultation, the choice of operative measures lay between forceps and perforation; nor was much hope felt that forceps could possibly be applied. With the permission of all, I carried my forceps entirely within the partially dilated cervix, and succeeded in locking them upon the foetal head, after which I dilated the cervix by drawing the head steadily and firmly upon it with the forceps, and delivered a living child. The mother remained unconscious, sank steadily, and died within twelve hours. The child was spoon-fed, and died when a week old.

CASE CVII.—Albuminuria and Convulsions in the First Confinement—Persistence of Renal Symptoms—Induction of Premature Labor in Second Confinement, three years later, by the Douche.

Mrs. —— was attacked with puerperal convulsions in August, 1859, when she had reached about the eighth month of her first pregnancy. She was bled, and was safely delivered a few days afterwards without assistance. Chloroform was given. Previous to her departure from the city, I had made a number of examinations of her urine, both chemically and microscopically, and these had also been made by Dr. Gouley, without the discovery of anything abnormal. Still I requested, if the family should notice any puffiness of the face, that some urine should be sent me by express, for examination. This was not done, although puffiness of the face was distinctly observed before the convulsions came on; and for many months after her confinement the urine was more or less albuminous, and presented granular casts, with renal epithelium attached, some of which presented a few oil globules. I have made, with the assistance of Drs. Gouley, Alonzo Clark, Wm. Henry Draper, and Austin Flint, jr., a great number of examinations of this patient's urine during the last three years, and the result has never been such as to make me feel comfortable regarding the risks of a second pregnancy. During the interval which elapsed from the first confinement to the second, Mrs. —— was the subject of "ulceration" of the os and cervix uteri, with leucorrhœa, from which she was entirely relieved by the nitrate of silver, vaginal injections, and invigorating treatment. Iron disagreed with her, and though carefully tried in many forms and in small doses, could never be steadily

relied on as an element in the treatment. The skin was always kept warm, warm baths used, and during the first winter after her confinement, dry cups were occasionally applied over the kidneys when any pain was complained of in that region. In the autumn of 1861 her general appearance was better than it ever had been—color, appetite, strength excellent; and she became pregnant in the winter, her last menstrual period terminating.

Examination of urine by Dr. W. H. Draper, Feb. 7, 1862. Patient had then been suffering from a severe headache. (I may mention that the usual phenomena of nausea occurred.)

Morning urine—specific gravity, 1013, and a trace of albumen. By microscope, nothing but pus cells.

In this instance it was thought that there was enough pus to account possibly for the albumen. In the other examinations recorded this was not the case. Very many examinations of urine which disclosed no evidences of disease, chemical or microscopical, would be of low specific gravity.

In the beginning of June, Mrs. —— left town for the summer, feeling and looking well; nor did she suffer from anything unusual until the middle of July, when disagreeable but not serious head symptoms troubled her, and she sent me some urine, which, by mistake, was not examined, and the symptoms soon left. On visiting her in the country I found her looking well—no oedema, puffiness, or outward sign of trouble—and obtained some urine, which was examined by Prof. A. Flint, jr., and found to be albuminous, and to contain two transparent casts, with some few epithelial cells. Two or three oil globules were attached to the casts, and one gave a measurement of one-fifteen hundredth of an inch. There were also some crystals of the oxalate of lime.

Mrs. —— now came to town, as she had some threatenings of labor, which soon disappeared, and two specimens of urine, one evening and one morning, were obtained. Both of these were quite albuminous, markedly so when nitric acid was added to the urine after ebullition had taken place. One was examined by Dr. W. H. Draper, who found a specific gravity of 1010, shrivelled, degenerate, renal epithelium, numerous pale, transparent casts, and a few slightly granular, with granular epithelium attached.

Under these circumstances, I decided to induce premature labor. It seemed to me that such was my duty, for these reasons:

1. The child was fully viable and living.

2. It was established incontrovertibly that the kidneys had never entirely rallied from the albuminuria in the first confinement; and that they now presented evidences of grave disease; and that there was sound reason for believing that these symptoms, which had baffled so much care already, would increase in direct ratio to the duration of gestation.

3. That in addition to the immediate risks to mother and child from the effects of the albuminuria, there were the greatly increased risks to her future health from the further persistence of the causes which had already proved so hurtful in her first labor, and which were likely to prove so much more serious now when the kidneys were weakened by previous disease.

4. That the induction of labor by the douche was not dangerous, when properly performed, and offered the advantages of greatly diminishing the chances of undilatable os, which I believe to be especially liable to occur to women who have albuminuria, and who have suffered from long standing ulceration and inflammation of the cervix.

My opinion was then given to the husband, and my willingness to consult with any physician on the subject fully set forth. He decided that he did not wish a consultation, and that I must act as I deemed best. After waiting several days, during which time Mrs. ——'s prime vie were carefully attended to, the urine remaining unchanged, and all parties consenting, I gave the first douche on the 30th July, 1862, at about 5 P.M. At this time the os was high up and far back, not dilatable, barely admitting one finger. The vagina was not at all relaxed, and rather dry. The foetal

heart was audible everywhere, though less so on the left side, where it was masked partially by the uterine souffle. Thus I could not satisfactorily determine the site of the summum of intensity. The head was distinctly recognisable through the anterior wall of the cervix, a suture being also distinguishable. I injected about five-sixths of a large pitcher of warm water, with Davidson's syringe, against and within the os, which was dilated enough before the conclusion to allow me to corroborate my diagnosis of the presentation; and the opportunity was embraced of drawing down the os so as to bring it more readily within reach of the douche, and to increase the prospects of its dilatation by the descent of the membranes. Labor pains set in promptly, and continued through the night, so as to prevent her from sleeping. At 5 A.M., July 31st, I made an examination, and found that the right thigh was now across the os uteri, this latter being larger than a dollar, and dilatable; membranes unruptured. The knee was to the left side of the os, the ilium within reach of the finger introduced within the cervix on the right side. The head could be felt in the epigastric region. Foetal heart beating. This disagreeable complication had been alluded to by me in a conversation with Dr. Thomas before the labor, as a contingency more likely to happen in a premature labor, though certainly it surprised me none the less when it occurred.

When living in the Dublin Lying-in Hospital, in 1849, in a case of deformed pelvis, the head was perforated; after a consultation by Dr. Shekleton with Johnson the former Master, Evory Kennedy, George Johnston, Collins, McClelland, Harrison the anatomist, and Sir Philip Crampston, it was decided to let the head remain a couple of hours to mould itself to the brim. At the expiration of this time the head had gone up on the right side of the uterus, and the arm was found in the vagina.

Such a "cubitus" or "rope-dancer's trick," as Hunter called it, as happened here, has not occurred in my experience, though much more striking ones are recorded by the best authorities; perhaps no one more so than that recorded by Depaul in his "Traité d'Auscultation Obstétricale," Paris, 1847, page 318, where Depaul, Madame Callé, sage, femme en chef, Dubois, and Cazeaux recognised by the touch that, in a woman eight months and a half gone, the head was recognised to present in the morning and the feet in the afternoon; and some time later in gestation the head again presented, and the delivery was then effected. In that case, these variations in the presentation were not caused by uterine contraction. In my case the alteration was not effected by the douche, for I felt the head after that was completed, and I do not know the stimulus for such reflex action. My patient was now quite restless and excitable for one possessing such a remarkable degree of self-control; and I concluded to put her under chloroform, give another douche, and see what had best be done. Accordingly I sent for Dr. Thomas, who arrived about 7 A.M., when, after she had been brought under the influence of chloroform, he came into the room and kept up the anaesthesia. Having placed her in the obstetric position, and confirmed my diagnosis of the new presentation, I proceeded to endeavor to *turn by external manipulation*, and succeeded in changing the position so far that the finger well introduced on the right side, within the cervix, touched the knee in the place where the ilium had been. But this was the extent to which the version could be effected, and I accordingly replaced the thigh by pressure through the right side of the uterus, and fully dilated the os by a small douche and the use of my fingers. She was then replaced in bed, and the chloroform kept up. In about an hour the membranes broke and the right knee came near the vulva, when we again replaced her in the position for forceps; and these being ready, but not needed, I succeeded in delivering a living, well formed male child, weighing about seven pounds, without the loss of a moment. The cord was three times around the neck, and was rapidly disengaged.

The child seemed at first indisposed to breathe, but the cord pulsated well, and after much less than the customary effort in such cases, Dr. Thomas and I considered that he would do well. He was dressed, brought to receive the mother's kiss, and when I went to breakfast at eleven (leaving the sluggish uterus to Dr. Thomas's care, as it still required holding), I had the happiness of feeling that the case had proved a perfect success. The nurse then sent for me to say that the child was blue, and on examination Dr. Thomas and I feared the worst. The right leg, thigh, and arm were bluer than the others, but the marks of universal dermoid congestion were everywhere apparent. The respiration was feeble in inspiration and prolonged in expiration; the epigastric pulsation unduly marked, and attributed with correctness by Dr. Thomas to the engorged right side of the heart. Some comparative dulness was apparent in the left chest anteriorly. Stimulus by enema, as the child would never swallow; friction, warm and cold baths, sprinkling, and the persistent use of Marshall Hall's method for some hours, would rally but not permanently benefit the child. We sent for Dr. Jacobi. He examined the child with his accustomed thoroughness, and stimulated the cutaneous nerves with great vigor, and with the effect of very markedly arousing the child for a time; but, as before, the lethargy and the prolonged expiration returned, and the child died between five and six in the afternoon, with a steady advance of all symptoms, except the coloration of the face, which became quite pale. The eyes opened an hour or two before death for the first time. No squinting, no paralysis.

Autopsy.—Twenty-two hours after death; weather quite warm. Blue coloration marked, except in the hands, which were white, the blood having left them by gravitation, as they were folded on the abdomen. Lungs congested, highly colored, collapsed. Left lung felt as though it had never been inflated in the upper lobe. They were readily blown up with the pipe. Pleura, heart and vessels, pericardium normal; liver congested but normal, as were the other viscera. Brain and medulla examined with great care, and without result. Blood examined for urea without result.

Mrs. — remained weak, with a sluggish uterus, somewhat restless, clear-headed. Beef tea, brandy, and ergot through the day; codéine at night. Catheter that night. Aug. 1st—Beef tea and oatmeal gruel. No stimulus. Codéine. Good night. Aug. 2d—Very comfortable day; codéine. Good night. Aug. 3d—Enema. Some clots. Breasts distended with milk. Since that time her convalescence was uninterrupted. She has subsequently suffered from a return of the old erosion of the cervix, for which she was treated for two or three months with perfect success.

Since that time, by thorough hygienic care, she has enjoyed very good health. The urine is now free from albumen and casts, and the chances of a third pregnancy are entitled to serious consideration.

IS YELLOW FEVER ENDEMIC IN NEW ORLEANS?

BY GEO. M. STERNBERG, M.D.

ASSIST. SURG. U.S.A.

THE question whether Yellow Fever is endemic in New Orleans, or whether it is always imported, and can be excluded by a proper quarantine, has become one of great interest, not only to the profession but to the country, since the present war has necessitated the maintenance of a large army of unacclimated troops in and near this city.

Ten or fifteen years ago the belief was general among medical men in New Orleans that the disease was endemic, and that a quarantine would be useless. This belief, however, has been gradually losing ground, and the experience of the past three years has convinced nearly all that a rigid quarantine will completely shut out the disease.

No just conclusions can be drawn from the fact that Yellow Fever has prevailed in New Orleans at different times, from the establishment of quarantine up to the year 1861; for during that time there never was sufficiently rigid quarantine to absolutely prevent the disease from being brought to the city.

A large trade was carried on with infected ports, and small vessels could come to the city by several different routes, the Mississippi river being of course the main one. The cargoes of fruit from Havana and other ports would be ruined by the detention of the vessel for a safe period at quarantine, and every means was resorted to by the masters and owners of vessels to avoid the laws. There is reason also to believe that vessels were often allowed to come to the city without detention, through the influence of members of the Board of Health, which influence was obtained by means of bribes. During the summer of 1861 there was no Yellow Fever in New Orleans, the blockade of the port by our navy being the most effectual quarantine the city had ever known.

When Gen. Butler's forces took possession of the city, the Southern press at once endeavored to soothe the feelings of the people by assuring them that they had an ally in Yellow Fever which would soon drive the Union Army from the soil of Louisiana. Two summers have now passed, and their hopes have been disappointed. The army is now in possession of a large portion of the State, and instead of being driven away by the disease, our Generals have shut it out from the city.

Since the occupation of New Orleans by the Federal forces, the Commanding General of the Department has assumed exclusive control of quarantine, and the Med. Director of the Department has acted as President of the Board of Health, and is held responsible for the strict enforcement of quarantine regulations. The present efficient Med. Director, Surg. R. H. Alexander, U.S.A., has acted in this capacity since Gen. Banks has been in command of the Department.

Dr. Baldwin, the present resident physician at quarantine, has been practising in New Orleans for many years, and was the first to occupy his present position when quarantine was established. He is one of the loyal men of New Orleans, who welcomed the Union forces upon their first arrival in the city. I do not know whether or not any cases of Yellow Fever occurred at quarantine in the summer of 1862, but the city was entirely free from it. On the Fourth of July, 1863, the Spanish man-of-war Pizarro arrived at quarantine, and the vigilant resident physician, in his examination, discovered cases of Yellow Fever on board of her.

Every effort was made by the commander of the vessel and the Spanish Consul at New Orleans to obtain permission for the vessel to come to the city; but they were assured that it would be allowed to come no further until at least thirty days had elapsed after the last case of Yellow Fever occurred, and the vessel was thoroughly fumigated. The Pizarro therefore put to sea again with Yellow Fever still on board, after having remained at the station three weeks. There were fifteen cases landed from this vessel and treated in the hospital at the station. Of these three died. About the fifth of October, cases of Yellow Fever occurred on some vessels of our Navy, which had recently communicated with vessels at Pensacola and off Mobile, that had the disease on board.

The fact that the disease was then prevailing in the blockading squadron was not known at this time to the authorities in New Orleans, and the first intimation of it was received when it made its appearance on the Holyhook, which was then lying in the river in front of the city. The vessel was at once sent to quarantine. When she arrived, there were three dead on board, and four afterwards died out of twelve cases. The disease soon after made its appearance on the Fear Not, the Pensacola, and the Estralla, all of which were sent to quarantine. Fortunately it was so late in the season that the disease did not spread any

further in the navy, and not at all in the city. The last case occurred late in October on the Estrella. Should an epidemic of Yellow Fever occur in New Orleans while our hospitals are filled with patients suffering from chronic diarrhoea, malarial fevers, etc., its ravages would probably be fearful; but I think the country has little to fear from it while the present efficient officers have control of quarantine.

Cases of bilious remittent fever occasionally occur, which so closely simulate Yellow Fever, that the attending physician may be easily deceived unless he is perfectly familiar with the latter disease. Two such cases occurred in the summer of 1862-3, and were reported as cases of Yellow Fever; but a consultation of some of the most distinguished physicians in the city pronounced them severe cases of bilious remittent; and a microscopical examination of the matter vomited proved that it was not the characteristic black vomit of Yellow Fever. I also heard of one or two cases of a similar nature occurring in Baton Rouge, which were mistaken by the attending surgeon for Yellow Fever.

RESECTION OF THE ELBOW-JOINT, FOR GUN-SHOT FRACTURE:

CONDITION OF THE PATIENT SIXTEEN MONTHS AFTER OPERATION

BY WM. O'MEAGHER, M.D.,

SURGEON SIXTY-NINTH N.Y.V., IRISH BRIGADE.

JOHN MURTHA, private Co. B, 69th N.Y.V., Irish Brigade, was wounded on Mary's Heights, Fredericksburg, December 13th, 1862, by a minie rifle-ball passing through the right elbow-joint antero-posteriorly, while in the act of firing off his own musket, fracturing the upper portion of the radius to the extent of about an inch, the condyles, and a portion of the shaft of the humerus, and finally shattering his comrade's musket.

He conveyed himself to the rear, and was examined in one of the depots at Fredericksburg, when it was decided to amputate the arm; but he opposed it so resolutely that simple dressings only were applied, and he was sent with others to Washington.

He was admitted to Armory Square Hospital, under the care of Dr. D. W. Bliss, who, finding him still resolutely bent on retaining his arm, performed exsection, removing in the operation the fractured end of the radius, the condyles, and a portion of the shaft of the humerus, the ulna and its olecranon process being left intact. Three months afterwards he was discharged from hospital, and attached to the Invalid Corps, in which he remained eight months, and was then returned to his regiment with a view to his discharge from service.

At present, and ever since the wound of operation healed, there is perfect mobility between the two sections of the arm, no union, either osseous or ligamentous, having been established between the segments, with a well defined interval of about three-quarters of an inch between them.

In the immediate vicinity of the wound, the muscles and other soft tissues are wasted to a considerable extent; the forearm, however, is well developed, but soft and congested, owing, I presume, to rather elaborate bandaging, apparently of his own origination.*

I believe I need not observe that his arm is nearly useless, the forearm dangling loosely; there is, however, considerable power of prehension left in the hand, by means of which he can pick up light articles, but not flex the forearm to any appreciable extent.

ABSORPTION OF IODIDE OF POTASSIUM.—A memoir by M. Deschamps goes to prove that friction with an ointment is a very good way of introducing iodide of potassium into the system. He found that more was absorbed by this means than when a bath, with a much larger quantity of iodide, was employed.

* When the forearm is flexed and the upper extremity of the ulna made to approach the humerus, the lower extremity of this crosses the olecranon process, which remains *external*, though quite contiguous.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, April 6, 1864.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

CEREBRO-SPINAL MENINGITIS.

DR. DETMOLD read an account without comment, of a case of cerebro-spinal meningitis, called also spotted fever, occurring under his observation, after which Dr. W. H. Draper read a portion of an interesting paper which he is preparing on the same disease. His paper is founded upon a somewhat lengthy and careful observation, principally in the neighborhood of Carbondale, Pa., where the disease has been raging to a fearful extent. As the paper is not yet completed, no analysis of it can be given at present. DR. SKIVEN, of Long Branch, N. J., being present, by invitation, proceeded to address the Academy at some length, giving a minute description of the disease as it appears in his locality. The neighborhood where the disease has occurred with the greatest degree of severity is but a short distance from the sea-shore. The climate during the winter has been mild, there having been no storm from the ocean until some time in the month of March. The ground is generally dry, there being no marshes or swamps that are not covered by the tide. The spring and well water is more or less impregnated with chloride of sodium and the salts of iron. The mode of living is varied, there being no uniform system of diet, either in meats, drinks, or vegetables. The population is composed of different classes, from the poor laborer to those in easy circumstances; all seem happy and contented, and enjoy life much. From these facts there seems to be no known cause from soil, climate, or mode of living, by which we can account for the appearance of the disease. It was observed that as soon as this disease appeared all other diseases disappeared, or seemed to be swallowed up in this. During last winter measles prevailed to an extent and degree of severity hitherto unknown. It attacked persons of all ages, from the young child to the old man of seventy. In past years this has invariably been followed by scarlatina; but this year it was not so; upon the disappearance of measles from the neighborhood, cases of cerebro-spinal meningitis began to appear. The first symptom of the disease has generally been a severe pain in the knee, sometimes in the hands, and attended by what the patient describes as "pain in the bones," extending along the direction of the limb. After a short time, or in some instances a day or two, the pain leaves the limbs and attacks the head, from which it extends to the back of the neck, and continues down as far as the lumbar region. This, like the pain in the limbs, is aggravated more by motion than pressure; indeed, every attempt at motion is attended by the most intense pain. If the patient can be seen at the commencement of this stage of the disease, he is bled freely from the arm, leeches applied to the temples and mastoid processes, cups to the back of the neck and along the spine, followed by mustard applications and the administration of a brisk cathartic. Before Dr. S. commenced this treatment, he lost a majority of his patients; but since he began to bleed early, a much greater proportion recover. Later, when stimulants seem to be indicated, he has found equal portions of capsicum and camphor in powder, to be attended with a better effect than any of the diffusible stimulants. The prejudice of the inhabitants is against autopsies, consequently the advantages for studying the pathology of the disease are limited. Dr. S., however, exhibited some specimens, consisting of a portion of the dura mater, one of the stomach, and one of the bladder; these all appeared to be in a very high state of congestion. The spots, from which the disease is sometimes called "spotted fever," Dr. S. regards as accidental, being simply spots of ecchymosis caused by rupture of some of the small vessels during the stage of reaction. It was an-

nounced that this subject would be continued at the next meeting, after which the Academy adjourned.

American Medical Times.

SATURDAY, APRIL 23, 1864.

SANITARY CONDITION OF WASHINGTON.

THE sanitary condition of the national capital is a disgrace to the local authorities, and a reproach to the general Government. Though favorably situated for drainage and cleanliness it is neither drained nor cleaned. Standing waters, filled with sewage and exposed to the sun, are located in the very heart of the city; the streets are filthy in the extreme; alley-ways and open courts are unpoliced, and a floating population of soldiers and contrabands occupy its suburbs. To the stranger the town seems given over to the undisputed reign of the demon *filth*. Washington has long been ripe for epidemics, and it is only surprising that they have not long since been spontaneously generated. During the last winter small-pox made its appearance, and its general and undisputed prevalence reminds us of the history of that disease previous to the period of inoculation. In Washington and Georgetown there were under treatment in the month of last January, 1480 cases of small-pox. It spread to the upper ranks of society, and finally the Executive of the nation suffered an attack. The epidemic was controlled by the general vaccination practised. The public alarm was very great, and the epidemic was made the subject of Congressional inquiry. The Medical Society of the District of Columbia appointed a Committee to report on the epidemic and on the sanitary condition of the cities of Washington and Georgetown, DR. THOMAS ANTISELL, Chairman.* The Committee's report enters fully into the consideration of the local causes of disease, and the necessary preventive measures. They state that the increase of the population since 1861 has so crowded the hotels and boarding-houses, and even private dwellings, as to engender animal poison, yet to place the inhabitants by mere position in the circumstances most likely to receive any epidemic or contagious disease which may approach them; the crowding of the community also tends to disregard of cleanliness in the hotels and other dwellings; and when once a case of disease occurs in a house the fomites remain in apartments ready to attack any new comers. There has also been a transitory and migratory population of excessive numbers unsupplied with dwellings. The various small camps of quartermasters' men, of commissaries and other officers attached to the army, which are distributed not only on the outskirts of the city, but many of them in the heart of the town, on vacant lots, are so many causes of the origin of disease; animals by the hundred are corralled and encamped for longer and shorter periods in the northern and western squares of this city—the food and excreta lying on the ground with little attention to cleanliness—the ground not being cleaned even after the camp has been abandoned—the men sleeping in

* Medical Society of the District of Columbia. Report on the Sanitary Condition of the Cities of Washington and Georgetown. Presented to the Society, March, 1864. Adopted and ordered to be printed. Washington, D. C. 1864.

tents, with neglect of cleanliness, either personal or public. All these conditions inevitably tend to produce disease. Never has typhoid fever been so rife as since the fall of 1861; and to these causes are attributed also the origin and extent of the epidemic of variola. Many of these subjects were teamsters and contrabands, among whom small-pox generally exists.

The streets are described as filthy in the extreme, the dirt having accumulated in many to the depth of twelve inches. The material allowed to accumulate in the streets and side drains is of the most putrescible character. The back-yards of small dwellings, the lanes and alleys where the humbler class dwell, are filled generally, especially in winter, with like deposits. The interment of horses which have died in the district is made outside of the city, at very small distances; the burial of these animals is very imperfectly performed, the limbs often exposed and decomposing in the air, so light a covering over the pit that the gaseous products of decomposition are not absorbed or retained by the earth, and the air is contaminated by the odors arising therefrom. The Committee very justly remark: "Where the District is unhealthy by presence of an epidemic, the latter does not merely affect its own population, but that of every other Eastern city. Few cities have more transient visitors than Washington, and it has happened once, and may occur again, that valuable lives of citizens coming from a distance have been sacrificed to the neglect of hygiene in our midst; and that by this neglect our District, which was intended by the general plan to be the healthiest of localities, may become a pest-house and a by-word."

The Committee recommend in regard to small-pox, thorough vaccination, the quarantining of infected persons, and the prevention of their conveyance in public hacks. For the permanent relief of the two cities, they propose that a Board of Health or a Bureau be established to take charge of all matters relating to the public health and well-being of the District—a Board in which the interests of the Government and the public would be represented and protected. They state that there is an immediate necessity for such a body; for the Board of Health of the city of Washington, as at present organized, does not accomplish the object for which a Board should exist, and in the sister city of Georgetown no Board of Health has ever existed. They would give the Board an Executive officer acting as a superintendent of public health, and a Sanitary officer for each ward of the city—the latter officers to be medical men in great part, and selected from the most eligible in the profession. It should be invested with power to visit localities, transfer sick to hospitals, purify apartments of the poor, have nuisances removed, see that vaccination is carried out, and generally to be intrusted with enforcement of sanitary regulations.

It is to be hoped, for the good fame of the United States, that the suggestions of this truthful and able report will be heeded by the authorities, civic or national. Washington, with its wide and well-graded streets, may be made one of the most cleanly and beautiful cities of the country. The recent epidemic, and the danger of one still more destructive, should move the citizens to demand immediate legislation in their behalf. And nothing but an independent Board of Health, with a large and intelligent medical element and the proper subordinate medical officers, can meet the present demands of sanitary science.

CITIZENS' ASSOCIATION AND HEALTH REFORM.

THE Citizens' Association of New York lately sent a Committee to Albany to urge the passage of a Health Bill through the Legislature. The Committee, consisting of EDWARD S. JAFFRAY, DR. WILLARD PARKER, and ROBERT B. ROOSEVELT, report that, in conjunction with DR. JAMES ANDERSON of New York, DR. THEODORE L. MASON of Brooklyn, and DR. W. C. ANDERSON of Richmond County, they attended at Albany on the 15th and 16th of March, 1864. The bill which they approved was to the following effect: That the Counties of New York, Kings, and Richmond, should constitute a health district, under the control of a Board of Health, composed of four medical men, and four citizens; the Mayors of New York and Brooklyn, the President of the Police Commissioners, and the President of the Board of Supervisors of Richmond County, *ex-officio*; that the members, except those *ex-officio*, should be appointed on nomination by the Governor, and approved by the Senate, and that the Board thus constituted should have entire control of sanitary matters in the three counties, including the regulations of quarantine and the supervision of the streets, and should have all the powers at present vested in the Board of Health, the Commissioners of Health, and the City Inspector. They pointed out the disadvantages of the present system, and the necessity of having adjacent counties, so intimately connected as Richmond, Kings, and New York, under the control of one Board, and the propriety of having a certain proportion of medical men at the head of a Sanitary Commission, and exposed the present unhealthy condition of the city, with the apparently threatening danger of greater disease during the approaching summer. They showed the futility of the best sanitary measures to prevent pestilence in Brooklyn, if they were not enforced in New York, and the risk of importing infectious disease into both cities, if proper regulations were not observed at Quarantine. The Committee, however, found that the Democratic members of the Legislature regarded the proposed act as aimed at their friends, and that the Republican members dreaded the odium of passing so sweeping an act that might be construed into unjustifiable party interference in city affairs, and might injure their prospects in the next Presidential election. They were informed that the City Inspector had raised large sums from his employés to defeat the measure, and, as there were already nine hundred bills before the Assembly, your Committee came to the conclusion that further action had better be deferred till next session, when doubtless an early application will be successful. They found that, in the opinion of many members of the Legislature, the death of five thousand citizens was not so serious as the possibility of a Presidential defeat.

TRIUMPHS OF MECHANICAL SURGERY.

MECHANICAL dentistry is but another term for mechanical surgery. It remedies congenital or acquired defects of the oral cavity by mechanical appliances. To the scientific conservative surgeon no branch of his art is more important than that which aims to accomplish, by nicely adjusted apparatus, what was formerly attempted by an operation, or to supplement the deficiencies of that art. An interesting instance of the value of scientific mechanical dentistry has been brought to our attention, and its triumphs over the best devised operation is most marked. The restoration of congenital cleft palate has always proved a most unsuc-

cessful surgical operation. Even if the fissure was successfully closed the defect of speech was not improved materially. DR. KINGSLEY, a dentist of this city, has, for several years, made the cleft palate a subject of special study, and his labors have been rewarded with success. DR. STEARNS, of the U. S. Army, who, in his own case, adapted an apparatus which completely relieved the defect, was the first in this field. But his apparatus was never successfully applied in other cases. DR. KINGSLEY has effectually completed the work undertaken by DR. STEARNS. His method is to take a mould of the defective parts, and to this adapt the instrument. The material is vulcanite. We have seen several persons wearing this apparatus, and the improvement in the speech was most satisfactory. The invention of DR. K. must be regarded as a great triumph of mechanical surgery.

FEVER IN BELLEVUE HOSPITAL.

THE Commissioner of Charities and Correction have determined to erect tents on Blackwell's Island for the treatment of the fever cases which apply for admission to Bellevue Hospital. This is a wise measure, and will be productive of the best results. Not only will the spread of the contagion be arrested, but the percentage of recoveries will doubtless be largely increased. We now learn that the building being erected on the grounds at Bellevue was not designed for a fever-hospital, as has been reported; and that the Commissioners have acted under the advice of the Medical Board in regard to the isolation of fever. We therefore misrepresented the motives of the Commission in our allusion to their action in a former issue, and take pleasure in acknowledging our error. We did not, in remarking upon the disregard of their medical advisers, refer to the Commissioners especially, but to the governing boards of hospitals in general. In matters of this kind, where the advice of the medical officer is of great importance, too often it is either not sought or entirely ignored. The grossest errors in hospital management, in this country and abroad, have arisen from neglecting to consult those who are alone competent to give a rational opinion. If it is a question of hospital construction, an architect furnishes every detail; if of ventilation, a mason is consulted; if of heating, an engineer is summoned. On all these subjects the medical officers of hospitals should also be consulted; and we deem it our duty to comment with just severity upon the actions of governing boards which overlook or ignore their proper medical advisers. We take pleasure in stating in this connexion that the Commissioners of Charities and Correction have uniformly acted with a liberality and courtesy towards the medical staff under their direction rarely witnessed in similar institutions. And we are glad to learn that their present action is not an exception, being in accordance with the advice of the Medical Board of Bellevue Hospital. The Commission has aimed to render the public institutions of New York models of excellence in all that pertains to external and internal management, and their efforts have been crowned with eminent success.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF INSANE ASYLUMS.

THE eighteenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane is near at hand. It is announced to be held at Willard's Hotel, Washington, D.C., on Tuesday, May 10th, 1864, at 10 a. m. We took occasion, in noticing the proceedings last

year, to suggest some changes in its organization, by which its efficiency and influence would, in our opinion, be much increased. As now constituted, it is an ephemeral assemblage of actual superintendents of asylums only. To become a working *psychiatric society*, permanent organization and membership are essential. Its members should include, not asylum superintendents merely, but other medical officers of hospitals for the insane, and physicians who make mental alienation a subject of investigation. Intimately interwoven, also, as are questions of insanity and law, the members of the latter profession, who are concerned in medico-legal research, should have a like representation. Thus brought in contact, and engaging in discussion with specialists proper, the jurist would gain more correct views of the phenomena of insanity; and the light thus acquired would be reflected back in better instructed opinions from the bench. We would suggest to the Association that the interests of the specialty they represent would be promoted by a greater number of original papers, and a less amount of desultory discussion than has characterized many previous meetings. The minor details of hospital management and internal arrangement may well allow an informal interchange of individual experience and opinion, but the higher range of psychological topics does not admit of such extemporaneous treatment.

ANNUAL MEDICAL REGISTER.

WE insert in another column the prospectus of a second number of the *Annual Medical Register*, of New York, originally projected and edited by the late DR. GEO. H. TUCKER. It is to be issued under the editorial supervision of DR. GUIDO FURMAN, and will embrace a large amount of statistical information of interest to the physicians of the city. It is a most praiseworthy enterprise, and should be well sustained by the profession.

Rebicus.

A MANUAL ON EXTRACTING TEETH: founded on the Anatomy of the Parts involved in Operation; the Kinds and proper Construction of Instruments to be used; the Accidents liable to occur from the Operation, and the proper Remedies to relieve such Accidents. By ABRAHAM ROBERTSON, D.D.S., M.D., Author of Prize Essay on Extracting Teeth, etc. Philadelphia: Lindsay and Blakiston. 1863. Pp. 198.

EVERY country practitioner is interested in the subject of this work. Extraction of the teeth becomes a necessary branch of his business, and a manual containing practical and recent information relating thereto can but be acceptable to him. This work is divided into eight chapters, which severally consider all the different points bearing upon the extraction of the teeth. Passing over the first chapter, devoted to introductory remarks, and the second, to the anatomy of the jaws and teeth, we have in the third *the pathology of toothache* treated of at length. The causes of toothache are discussed under the following heads:—1. Exposure of the nerve; 2. Inflammation of the nerve; 3. Inflammation of the periosteum; 4. Inflammation of its dentine; 5. Sympathy; 6. Exostosis; 7. Accidents. This chapter will be read with profit by every practitioner. All the forms of toothache with which we are daily made familiar are clearly explained, and the proper methods of treatment indicated. The fourth chapter relates to *instruments for extracting teeth, and the proper method of using them*. The turnkey, an "instrument of torture and of dread," is described, and

very properly discarded. The compound screw-forceps, so strongly recommended by many dentists, has not proved serviceable in Dr. Robertson's hands. The rules given for extracting teeth are very judicious. *Lancing of the gums* is the subject of chapter fifth. The author does not deem it important to use the lancet before extraction. In this he departs from the standard practice, and from the plain rule of common sense. It is not that the adhesion of the gum to the tooth offers resistance to extraction that this trifling operation is advised, but to prevent laceration. This laceration, in our experience, and in that of most other dentists, is far more frequent and severe than Dr. R. admits it to be in his practice. We do not accept, therefore, as judicious the author's advice to have "a good, plain, practicable instrument, but use it seldom." In chapter sixth the author treats of the *accidents attendant upon the extraction of teeth, and their remedies*; and in chapter seventh of anesthetics. Popular as anesthetics are becoming with dentists, we agree with Dr. R. in discountenancing their use.

In conclusion, we recommend this Manual to all who wish to be thoroughly informed in the art of treating toothache, and especially by extraction. The book is dedicated to Prof. B. Fordyce Barker.

LEAVES FROM THE DIARY OF AN ARMY SURGEON; or Incidents of Field, Camp, and Hospital Life. By THOMAS T. ELLIS, M.D., late Post Surgeon at New York, etc. New York: John Bradburn. 1863. Pp. 312.

THIS is a sketch of the author's experience while acting in various capacities as surgeon during the organization of the first regiments in New York, and in the movements of the Army of the Potomac while in command of GEN. McCLELLAN. There are but few facts of interest to the profession scattered through the work, the author occupying himself principally with the details of battles.

FOREIGN CORRESPONDENCE.

LETTER FROM RUFUS KING BROWNE, M.D.

(Continued from page 187.)

THE BERLIN SCHOOL OF PATHOLOGISTS AND THEORIES
OF PATHOLOGY.

BUT this doctrine does not account for the nature of other varieties of disease and morbid tissue. No; certainly not. But their pathological knowledge does include a correct account of these, and is as corrective of our previous notions of other various abdominal changes of tissue as the instance we have adduced. We only introduce this to exemplify the distinction between theirs and the prevailing doctrines—a difference which is equally great throughout the entire field of pathology. Of course these investigators run no crusade against exudation, or infiltration, or effusion. They observe that it is not true that such growths arise from exudation, and so of all other points of difference. And such must be the result of constant and laborious examination and investigation, year in and year out, day by day, and hour by hour, of diseased tissue—tissues upon which linger yet the warmth of retiring animation.

When one's experiences are fresh he notices with satisfaction the difference between an autopsy here, and one as usually conducted. Here it is an examination, a post-mortem analysis. The morbid changes in the tissue of an organ are recognised and appreciated without the slightest doubt, before any part has been microscopically examined. No matter how minute the change, if it be at all appreciable, it is at once understood and recorded. This, probably, from long-standing previous knowledge of the appearances in the case, is habit, which can only exist in perfection where the amount and variety of material one has before ~~seen~~ and is seeing, are very large.

Of course this exacts and presupposes an accurate knowledge of anatomy, not merely on the one hand of the

different *organs*, muscles, vesicles, nerves, etc.; nor on the other of the microscopic anatomy, or the histological elements in themselves, as presented in preparations; but of the appearances presented to the naked eye by the latter, when in combination in the body. When scanning an inanimate body, one is surprised by the reflection that every element of that body, no matter how minute, singly or alone, has, when in combination with countless other like elements, and still others of different and similarly minute characters in combination, in textural relation a characteristic appearance to the naked eye; and has its characteristic appearance in normal, and its characteristic appearance in abnormal state, appreciable by one or more of the senses. I can only here briefly illustrate what these are, for this is a kind of knowledge one must gain by experience, and without much help from instructors. He gets no help, indeed, in this particular, from anatomy as it is usually taught under the head of "general and descriptive," in the books, and demonstrated in the dissecting-room. Nor does he get it alone from histologies, or the microscopic drawings or preparations. He can only get it by continued familiarity of sight with both sound and unsound organs and tissues of various kinds. But get it he must, or he will never be an anatomist—at least not a pathological anatomist. I have known very good anatomists, of undoubted repute and equally good demonstrators, who were no more alive to the appearances forming the distinctions I speak of than their students were; and who were no more sensible of the appearances between an amyloid liver, or spleen, or kidney, and one devoid of these changes in its tissue, than if there never were any such changes. This is no reproach to them, nor meant as derogatory to their skill; for it was always a grateful sight to see their deftly done dissections and demonstrations of muscle and fascia, bloodvessels and nerves, tendons, etc. Theirs was the *skill* of the anatomist; the other is the proficiency of the pathologist. They are no more *united* here than there. But learn these ever so well, or learn ever so well the appearances usually recognised in autopsies as lesions of this or that organ, and the appearances I speak of characteristic of the elements of tissue *en masse* in organic bond, or in section, will be a blank at first. Nor will it help the student to become a proficient in the recognition of these appearances, to pore over sections under his microscope. That is only useful as a subsequent proceeding and research. As little would it advance his knowledge of forests to pore over the texture of a single leaf of a tree, while unacquainted by sight with the tree and the forest. As he must know the appearance of the forest, so must he those I speak of, pertaining to the tissues *en masse* of the human body. However familiar he may be with the microscopic view, this will not empower him to become an adept in the knowledge pertaining to the appearances of the tissues in question. To know these appearances and understand them (the latter being done by the microscope) constitutes proficiency in pathological anatomy. Undoubtedly all this proficiency, in whatever person seen, is the result of a thorough knowledge of the elements of human tissues acquired only by the microscope. Without this the anatomist would not be able to carry his knowledge of the case to a correct ultimate, and this is in fact the only distinction of this school over the Vienna, headed by Rokitansky, and which enables them not only to take accurate account of morbid changes, but to explain by their microscopic knowledge the course of the change to morbid—at least in most cases.

But the most natural and yet the most hindering of all mistakes in this sort of work, is to suppose that we can make the microscope a *substitute* for the eye, and, by directly referring the elements of tissue to an examination by it, obtain the knowledge required without the intervention of the eye. But, on the contrary, the naked eye must be used constantly; for thus only *with* the microscope, and *not* by means of the latter alone, can we obtain the power of recognising minute pathological dif-

ferences. The more, therefore, we can do with the naked eye, the greater the proficiency in the case.

But to my illustration. Take, for example, the liver. In certain morbid states it is more opaque than in the normal, appreciably so to the unaided senses, which therefore recognise the appearances. The changes in such a case, though pertaining to the whole organ, are what are called *minute*, meaning thereby to distinguish it from a grossly palpable state of disease—as, for instance, an abscess, etc., etc. They may be amyloid, they may be fatty, they may be pigmentary, or the two latter at once. The unaided eye, or even the hand while cutting the organ with a knife, may, in some degrees of these changes, be sensible of the difference in form. The one recognises it as an *appearance*, the other as a *sensation*. But, if we wish to determine the exact degree and nature of these changes, which are those of the component elements, we must of course examine these separately; and this must be done with the microscope. The villi of the intestine may undergo similar changes, especially amyloid; and then they must be examined microscopically. But then the appearance in this case, though recognisable by the eye, is never of that palpable character that we are satisfied of it by the unaided eye alone; although the proficient in these examinations will be able, under good conditions, to distinguish the villus with the naked eye.

But, for the present, I must draw to a close. I write for the attention of medical men who can be inspired with an interest for pathology as well as "practice." None of the things I speak of here are novelties, nor are they longer considered as discoveries. The only thing in this quarter bearing that aspect is Dr. Recklinghauser's investigations last year into the nature and character of the lymph vessels (*Lymphgefasse*). Dr. Recklinghauser, now Professor, has ascertained some points which modify Virchow's views on the nature of the relations of these to the connective tissue. It is not needed that I should bear testimony to his remarkable qualities as an observer. I may hereafter give you some of the new points determined in absorption, and the nature of the tissues involved.

PATHOLOGICAL INSTITUTE, BERLIN, Feb. 24.

Correspondence.

VARIOLOUS ERUPTION LIMITED TO ONE SIDE.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I have taken your valuable and instructive paper since its publication commenced, and the MEDICAL TIMES receives a hearty welcome every week. Occasionally the country doctor has anomalous cases of disease under his observation. The following case is to me a curiosity, and I will relate it:—A Mr. Brown, aged eighty years, residing in an adjoining town, some four weeks ago had an attack of varioloid. On his recovery he was attacked with pneumonia, and, a week ago, came here to remain with a daughter. I was called, as their family physician, to see him. His story is this, and it is corroborated by members of his family:

Thirty-six years ago he was vaccinated by a physician in his **RIGHT ARM**, the virus acting well, and he had the usual symptomatic fever, and still has the mark of the pustule; has been exposed to small-pox since, but did not contract the disease. Some nine days or a fortnight previous to his late attack of varioloid, two or three of his young children (by a second wife) were ill with small-pox; one of them slept with him five or six nights, lying on the **LEFT SIDE** of him. His attack of the varioloid was quite severe, having many pustules; but all the pustules, without an exception, were confined to the **LEFT** side of the median line of his body. Pustules were numerous on the left side of his face, neck, and chest, and also on the left arm and leg. The skin on the entire right half of his body was, and still remains, in a normal condition.

Did the vaccination thirty-six years ago only affect or protect the right side? Would he have escaped had the child slept on the right side of him? Why should the eruption have been confined to the side on which he was not vaccinated? Is it essential to vaccinate in both arms, in order to be wholly protected from the contagion of small-pox?

Yours etc.

J. S. RAYMOND, M.D.

ALGONAC, MICHIGAN, April 4, 1864.

CHICAGO.

Special Correspondence.

The winter of 1863-4 has in this city been marked by great vicissitudes of temperature, which have occasioned an unusual amount of sickness, that has been augmented also by the great influx of strangers, who, during the past year, have sought a home in this rapidly increasing metropolis. Add to this a consideration of the fact that more than one million hogs have this winter been slaughtered in the packing-houses which swarm along the banks of our river, and you have the triad of causes which have so considerably swelled the lists of mortality for the last season. Our geographical location on the western shore of Lake Michigan, with a broad sheet of water on the east and an equally level expanse of prairie on the west, without forests or hills to break the irresistible sweep of contending storms, exposes us continually to the most sudden and violent changes of weather. For example: the 30th of December was a lovely day—the last of those misty, dreamy days which form the Indian summer. At two o'clock the next morning, returning from the house of a patient, I could not but remark the beauty of the night. The air was soft and damp; no wind disturbed the light clouds which clustered around the moon; there was neither snow upon the ground nor ice upon the water, but twenty-four hours later the mercury had fallen twenty-eight degrees below zero, and a furious north-wester seemed to be driving over us all the storm-clouds of the Arctic zone. New-Year's Day was one of the coldest and stormiest days ever known in this part of the country. Hundreds of persons were frost-bitten, and quite a number were actually frozen to death. To say nothing of the direct effects of such severe cold, its remoter consequences were apparent in the great increase and aggravation of diseases depending upon congestion and inflammation of the internal organs of the body. I doubt if there is anywhere another city of equal population, in which the severity of winter occasions such universal suffering as is experienced by the inhabitants of Chicago. This is owing to the peculiar style of architecture so common here. At least nine-tenths of the dwelling-houses are built of wood, and many of them are low, one-story cottages. Owing to the scarcity of brick and stone, these wooden structures are seldom placed upon a solid foundation, but are reared upon a few wooden blocks or piles, which support the sills and the slender skeleton of the "balloon frame," to which thin clapboards are loosely tacked, without any approach to the tight "weather-boarding" and "under-pinning" that are considered so necessary in New England. Cellars are out of the question, the subsoil is so full of water. Consequently the winds of winter are kept from the interior of these habitations only by the layer of plaster which covers the lathing, and by the thin flooring upon the sleepers. There is no cellar filled with warm air under the house; no thick wall of confined air between the laths and the clapboards. Consequently when a cold north-wester, like that which ushered in the new year, sweeps across the prairie, it is not uncommon to see the mercury at zero in one's bedroom, and in the morning to find water frozen in kettles upon the stove which at bed-time contained a blazing fire. The snow-huts of the Esquimaux must be more comfortable than these shingle palaces of Chicago. And when one reflects upon the number of delicate women and tender children who are thus

exposed, the prevalence of typhoid pneumonia, "spotted fever," diphtheritic sore throat, and all their allied forms of disease will not seem remarkable.

It is well known that our city has become the greatest slaughter-yard in the United States. The packing season commences about the 1st of November, and continues till the middle of January, or even later. The slaughter-houses are placed along the south branch of the Chicago river, and are nearly all in the south-western quarter of the city. Formerly all the filth and refuse of these establishments were conducted into the river, and now, though this practice is prohibited by the city authorities, much of the offal yet finds its way through the water of the river to the lake, poisoning its limpid flood with a foul current that extends for miles along the shore. When the wind blows from the south and west, not only is the whole town filled and everywhere pervaded by an astonishing variety of villainous smells, far more numerous and pungent than the famous "two-and-seventy" once discovered in the city of Cologne, but the currents of the lake are reversed, carrying the emptyings of the sewers and the filth of the river to the feeder of the water-works, so that the air we breathe and the water we drink is at such times thoroughly saturated with decomposing animal matter. What consequences more natural than the epidemics of erysipelas and variola, the frequent occurrence of puerperal diseases, and the zymotic tendency in everything which has marked this winter. An engineer has recently proposed, and is about to commence a work that, if successfully carried out, will furnish us with pure water; but pure air cannot so easily be procured till salt pork ceases to be a staple commodity. At present the supply of water is drawn from the lake by a pump, which is located on the shore within the city limits, precisely as if your Croton reservoir were filled from the East River (supposing that to be a fresh-water stream) by a forcing pump at Bellevue Hospital. Our engineer proposes to sink a shaft sixty feet deep near the shore, and thence to dig a tunnel two miles long under the bed of the lake. In this way he expects to reach a point beyond the polluted water, which usually flows in a regular current close along the beach. There the pure lake water will be admitted to the tunnel, through which it will find its way to the forcing-pump, and enter the reservoirs without contamination.

The two medical colleges have recently concluded their winter term, and have graduated an unusually large number of students. The Rush Medical College, which is the oldest and most noted of the rival schools, keeps on the even tenor of its way, and consequently attracts by far the largest classes. A diploma at the end of sixteen weeks of attendance upon lectures, which are addressed without modification to the early students and the advanced, is a bait which young aspirants of a certain class cannot resist. The faculty of the Chicago Medical College have, during the past year, erected a fine college building in the southern quarter of the town, very near the Mercy Hospital. The winter term continues twenty weeks, and is followed by a spring term of three months longer. The students have the advantage of daily clinical instruction in the wards of the Mercy Hospital, and the whole system of instruction proceeds upon the same basis as that which has proved so successful in the Bellevue Hospital Medical College. For more than twenty years Prof. N. S. Davis has earnestly advocated the adoption of a higher standard of medical education throughout the country, and it was with this object constantly in view that the course of study in the Chicago Medical College was arranged. If now the American Medical Association will throw off the fetters so long imposed upon its action by the rival bodies who only unite —like the petty tribes of ancient Greece—to oppose any higher authority which would control their relations to each other and to the public, we may hope for that much-needed improvement in the standing of the medical profession which has so long seemed almost Utopian. If we desire to be honored, we must become worthy of honor.

Much has been said about the inadequate rank, pay, and authority allowed to the medical staff in the army, but a little reflection will show that, excepting perhaps in the case of surgeons acting as medical directors of large armies, the surgeons and assistant-surgeons occupy as honorable a position as can be conceded, without granting them undue pre-eminence over their fellow-officers. So long as it must be admitted that the average ability of the classes which graduate from the medical schools of the country is inferior to the average talent of the graduating classes in the literary colleges, we are forced to the conviction that the young physician who, without previous collegiate training, becomes, after three years of medical study, an assistant surgeon in the army, with the rank and pay of a first lieutenant, has no right to complain while the choicest youth of the whole land, after spending four or five years under the severest educational discipline at West Point, are content to commence their military career with nothing better than the rank and pay of a brevet second lieutenant. Let us seek the best things, but first let us deserve all that we ask.

APRIL 4th, 1864.

Army Medical Intelligence.

ORDERS, CHANGES, &c.

Assistant-Surgeon Ely McClellan, U.S.A., has been granted permission to visit Washington, D.C.

The leave of absence granted Assistant-Surgeon Dallas Bache, U.S.A., from Headquarters Department of the Cumberland, has been extended twenty days.

Surgeon J. L. Teed, U.S.V., is on twenty days' sick leave at Mendota, Ill.

Surgeon Frederick Lloyd, U.S.V., is on twenty days' sick leave at Peoria, Ill.

Surgeon J. M. McNulty, U.S.V., is on sick leave at New York city, rapidly recovering.

Surgeon S. D. Carpenter, U.S.V., is on twenty days' leave at Cedar Rapids, Iowa.

Leave of absence has been granted to Hospital Chaplain F. A. McNeill, U.S.A., for thirty days.

Surgeon J. C. Dorr, U.S.V., is on twenty days' leave at Medford, Mass.

Medical News.

ANNUAL MEETING OF THE KINGS COUNTY MEDICAL SOCIETY.—The forty-second annual meeting of the Kings County Medical Society was held, April 11th, at their rooms, in the Brooklyn Institute, Dr. D. C. Enos, President, in the chair. The minutes of the last quarterly meeting were read and approved. The annual report of the Treasurer was read and referred to the appropriate committee. A number of bills were presented and ordered to be paid.

On motion, the Society then went into an election for officers for the ensuing year. The officers were all elected by ballot, and separately, which occupied nearly two hours, and prevented the transaction of any other business. The election resulted in the choice of the following named gentlemen to fill the respective offices during the ensuing year:

President—Jos. C. Hutchinson, M.D.

Vice-President—E. E. Squibb, M.D.

Secretary—John S. Young, M.D.

Assistant-Secretary—Jos. P. Colgan, Jr., M.D.

Treasurer—Andrew Otterson, M.D.

Librarian—Geo. J. Bennet, M.D.

The Society numbers, at the present time, 153 members, and is in a very prosperous condition. It was organized March 2, 1822. The meetings are held as follows:

Monthly meetings—on the third Tuesday of every month. Quarterly meetings—on the second Tuesday of July, October, and January.

Annual meetings—on the second Monday of April in each year.

At a meeting of the Bellevue Medical Union, held April 18, 1864, the following resolutions were unanimously adopted:—

Whereas, God, in his wisdom, has taken from us our late friend and colleague Dr. H. J. Devlin, therefore,

Resolved, 1st. That we hereby express the sorrow we feel at the loss of so warm a friend and so faithful an associate, who was called away while nobly doing his duty in the fever wards of this hospital.

2d. That we offer to his relatives and friends our deepest sympathy in their affliction.

3d. That a copy of these resolutions be sent to the family of the deceased, and that they be published in the AMERICAN MED. TIMES.

Geo. Porter, { Committee.
Wm. Lee, }
O. M. Gray, }

To Correspondents.—Communications have been received from Dr. ALEX. T. WATSON, Surgeon U.S.V., in charge of Clay General Hospital, Louisville, Ky.; Dr. J. L. SWIFT, N. Y.; Dr. CLEAVELAND, Utica, N. Y.

MARRIED.—KERE—DEHEBERT. On the 17th inst., by the Rev. Eli Huber, at the residence of the bride's father, Schuylkill Haven, Pa., Dr. GEO. KERE, of Philadelphia, and Miss CHRISTIE A. DEHEBERT.

TREADAWAY—GILSON. In Philadelphia, March 19th, by the Rev. Father Strobel, FREDERICK S. TREADAWAY, M.D., U.S.A., of New Haven, Conn., and MARGARET GILSON, of this city.

WATT—BOOTH. On the 6th at Philadelphia, by the Rev. T. W. Thomas, Pastor of St. Paul's M. E. Church, at the parsonage, Dr. ROBERT T. WATT and Miss ELIZABETH BOOTH.

ABEL—HIRLS. On the 15th ult., by the Rev. W. D. Hirls, at his residence, MATTIUS ABEL, M.D., to Miss Ellie M., daughter of the officiating clergyman, all of Quakertown, N. J.

DIED.—F. M. HEISTER, Surgeon U.S.V., at Reading, Penn., April 9, 1864, while on leave of absence, of chronic diarrhoea contracted at Hilton Head, S. C. Dr. HEISTER was appointed Surgeon of Brigade December 24, 1861, having previously served with the "three months" volunteers.

DEWEY.—At Northampton, Mass., April 17, GEO. CLINTON DEWEY, M.D., of fever contracted in Bellevue Hospital.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 4th day of April to the 11th day of April, 1864.

Deaths.—Men, 182; women, 98; boys, 130; girls, 112. Children born of native parents, 48; foreign, 190; not stated, 9; total, 424. Adults, 230; children, 242; males, 262; females, 210; colored persons, 11. Infants under two years of age, 131.

Among the causes of death we notice:—Erysipelas, 2; albuminuria, 8; apoplexy, 9; infantile convulsions, 26; crop, 18; diphtherite, 17; scarlet fever, 24; puerperal fever, 4; typhus and typhoid fevers, 27; consumption, 73; small pox, 6; incases, 8; dropsey in head, 14; infantile marasmus, 18; whooping-cough, 8; inflammation of brain, 19; of bowels, 13; of lungs, 48; bronchitis, 5; diarrhoea and dysentery, 7. 261 deaths occurred from acute diseases, and 34 from violent causes. 307 were native, and 165 foreign; of whom 105 came from Ireland; 72 died in the City Charities; of whom 20 were in Bellevue Hospital, and 11 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

April 1864.	Temp. Minim. Maxim. e e e	SIX A.M.		TWO P.M.		TEN P.M.		Wind.		
		Temperature	Evap. Below.	Barometer.	Temperature	Evap. Below.	Barometer.			
5th.	30 30	4½	29.98	N.E.	36 5	29.95	N.E.	34 4½	29.91	N.E.
6th.	34 35	4	29.92	N.E.	45 5	30.01	N. W.	42 3	30.00	N. by E.
7th.	40 40	5	30.05	N. E.	50 6	30.04	N.	48 4	30.00	N.
8th.	40 41	5	30.04	N.	64 6	30.00	S.E.	54 5	30.00	E.
9th.	38 40	5	30.07	N. E.	44 5	30.06	S.E.	40 2	30.00	E.
10th.	37 38	½	29.71	N.E.	43 1	29.58	N.E.	40 2	29.69	N.E.

REMARKS.—5th, Wind fresh; light rain nearly all day. 6th, Wind fresh; variable sky. 7th, Wind fresh; clear day. 8th, Fog early a.m.; clear day. 9th, Wind fresh; cloudy. 10th, Rain-storm.

A copy of each of the following works is for sale by MESSRS. BAILLIERE BROS., 520 Broadway.

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The American Journal of Pharmacy.—Vol. I. to XV. 1856 to 1850. Half-bound. \$30.

American Medical Association.—The 15th Annual Meeting of the "AMERICAN MEDICAL ASSOCIATION" will be held in the City of New York, commencing on Tuesday, June 7, 1864, at 10 o'clock A.M.

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